



**STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
PLANNING & STANDARDS DIVISION**

Certification Application For Operators of Resources Recovery Facilities

Print or type unless otherwise noted. You should retain a copy for your files.

In accordance with the Regulations of Connecticut State Agencies, Sections 22a-231-1, this application must be completed in order to apply for certification for the first time or to renew your present certification.

Part I: Applicant Information

1. Name of Applicant:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
2. Certification Type: (Check One)		<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
3. Resources Recovery Facility Classification: (Check One)			
<input type="checkbox"/> Class 1 - Processing capacity over 600 TPD			
<input type="checkbox"/> Class 2 - Processing capacity equal to/less than 600 TPD			
4. Operator Certification Status: (Check One)		<input type="checkbox"/> Chief Operator	<input type="checkbox"/> Shift Operator
5. Other Related Certifications/Licenses Currently Held:			

Part II: Education

1. Elementary and Secondary School (Check Highest Grade Completed):											
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
2. Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes, please provide the following:											
Year of Graduation:											
Name of School:											
Mailing Address:											
City/Town:						State:			Zip Code:		
If No, have you obtained a High School Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Identify Source:											

Part II: Education (continued)

2. College:

Mailing Address:

City/Town:

State:

Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained? ☐ Yes ☐ No Type:

College:

Mailing Address:

City/Town:

State:

Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained? ☐ Yes ☐ No Type:

3. List Any Other Related Educational Courses:

Date Taken

Name of Class

Sponsoring Organization

☐ Check if additional sheets are attached to this page.

Part III: Experience (List Related Employment Only)

1. Present Employer:

Mailing Address:

City/Town:

State:

Zip Code:

Dates Employed: From:

To:

Job Title:

Description of Facility and Your Duties:

Part III: Experience (continued)

2. Former Employer:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Dates Employed: From:	To:		
Job Title:			
Description of Facility and Your Duties:			
3. Former Employer:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Dates Employed: From:	To:		
Job Title:			
Description of Facility and Your Duties:			

Part IV: Certification

<p>“I certify that all information provided by me in this application and any attachments is true and complete to the best of my knowledge and belief, and I understand that any false statement I have made in this application or any attachment is punishable as a criminal offense, in accordance with Connecticut General Statutes, Section 22a-209-6 and 22a-231-1, under Connecticut General Statutes, Section 53a-157b.”</p>	
Signature of Operator	Date
Name of Operator (print or type)	Title (if applicable)

Please return this application to:

CAREY L. HURLBURT
CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
PLANNING & STANDARDS DIVISION
79 ELM STREET
HARTFORD, CT 06106-5127